



MASSAGE THERAPIST PERMIT APPLICATION

Falls Church City Police Department

300 Park Avenue, Falls Church, VA 22046 703-248-5068



LAST NAME:			FIRST NAME:			MIDDLE NAME:			ORIGINAL PERMIT <input type="checkbox"/>			RENEWAL <input type="checkbox"/>		
SOCIAL SECURITY #				HOME PHONE #				ALLIAS/NICKNAMES/MAIDEN NAME						
ADDRESS						CITY			STATE		ZIP CODE			
RACE	SEX	DATE OF BIRTH	PLACE OF BIRTH			HEIGHT	WEIGHT	EYE COLOR		HAIR COLOR				
NAME OF MESSAGE THERAPY ESTABLISHMENT:														
ESTABLISHMENT ADDRESS:									ESTABLISHMENT PHONE NUMBER:					
Are you the Owner of the Massage Establishment? <input type="checkbox"/> YES <input type="checkbox"/> NO														
PREVIOUS MESSAGE THERAPY EMPLOYER (S) OR PREVIOUSLY OWNED ESTABLISHMENTS (IF LESS THAN 3 YEARS IN FALLS CHURCH)														
PREVIOUS MESSAGE THERAPY EMPLOYER'S OR ESTABLISHMENT ADDRESS									PHONE #					
EMAIL ADDRESS (FOR RENEWAL PURPOSES AND UPDATES)														

Have you ever been convicted, plead Nolo Contendere, or suffered a forfeiture on any felony charge or on a charge of violating any provision included in Virginia State Code: 18.2-344-18.2-361; 18.2-365-18.2-387, 390 or 391, which laws relate to sexual offenses or on a similar charge of any other jurisdiction?

☐ YES

☐ NO

DATE	OFFENSE	LOCATION	DISPOSITION

I swear (affirm) that all of the above information is true and correct to the best of my knowledge.

I understand that it is unlawful for any person to make a false statement on this application and discovery of a false statement shall constitute grounds for denial of an application or revocation of a permit.

Signature of Applicant

In the City/County of _____

Sworn before me this _____ day of _____ Year _____

Signature of Notary Public

My commission expires on: _____